



CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on 12/23/03
[Signature]
Jeffrey R. Kuester

RECEIVED

JAN 02 2004

Technology Center 2600

In Re Application of:

Rodriguez et al.

Serial No.: 09/693,784

Filed: 10-20-00

Confirmation No.: 8546

Group Art Unit: 2614

Examiner: Beliveau, Scott E.

Docket No.: A-6690 (191910-1600)

For: Media-On-Demand Filing and Reminder System

The following is a list of documents enclosed:

Return Postcard
Amendment Transmittal
Amendment

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

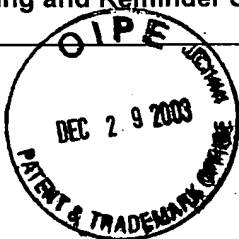
2614

| | |
|---|---|
| AMENDMENT TRANSMITTAL LETTER (LARGE) | Docket No. A-6690 (191910-1600) |
| Applicant(s): Rodriguez | |

| | | | | |
|---------------------------------|--------------------------------|---------------------------------------|---------------------------------|-------------------------------|
| Serial No. 09/693,784 | Filing Date 10/20/00 | Examiner Beliveau, Scott E. | Confirmation No. 8546 | Group Art Unit 2614 |
|---------------------------------|--------------------------------|---------------------------------------|---------------------------------|-------------------------------|

Invention: **Media-On-Demand Filing and Reminder System**

Commissioner for Patents
Mail Stop Non-Fee Amendment
P.O. Box 1450
Alexandria VA 22313-1450



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Transmitted herewith is Response to Non-Final Office Action in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
|--|--|--|--|--|-------------------|
| TOTAL CLAIMS | 82 - | 82 = | 0 | X \$18.00 | \$0.00 |
| INDEP. CLAIMS | 7 - | 7 = | 0 | X \$86.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$290.00 |
| EXTENSION FEE | 1 ST MONTH <input type="checkbox"/> 110.00 | 2 ND MONTH <input type="checkbox"/> 420.00 | 3 RD MONTH <input type="checkbox"/> 950.00 | 4 TH MONTH <input type="checkbox"/> 1,480.00 | \$ |
| Other Fees: | | | | | \$ |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |

- ☒ No additional fee is required for the Response to Non-Final Office Action.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☐ A Credit Card Payment Form PTO-2038 is attached in the amount of \$ _____
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778. A duplicate copy of this page is enclosed.

Jeffrey R. Kuester, Reg. No. 34,367

Date